

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/30/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29C0001005		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/27/2008	
NAME OF PROVIDER OR SUPPLIER SURGERY CENTER OF RENO, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 343 ELM STREET, SUITE 100 RENO, NV 89503			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
Q 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of a Medicare recertification survey conducted at your facility on August 27, 2008. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state, or local laws.			Q 000			
Q 027	416.47(b) FORM AND CONTENT OF RECORD The ambulatory surgical center must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed. Medical records must include at least the following: o Patient identification o Significant medical history and results of physical examination o Pre-operative diagnostic studies (entered before surgery), if performed o Findings and techniques of the operation, including a pathologist's report on all tissues removed during surgery, except those exempted by the governing body. o Any allergies and abnormal drug reactions o Entries related to anesthesia administration o Documentation of properly executed informed patient consent o Discharge diagnosis. This STANDARD is not met as evidenced by: Based on policy review, interview and record review, it was determined that the facility failed to			Q 027			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Q 027	<p>Continued From page 1</p> <p>ensure that patients in the post-anesthesia recovery unit were assessed in accordance with the facility's policy and procedures for for 2 of 5 patients. (#3, #4)</p> <p>Findings include:</p> <p>A facility policy titled PACU (Post-Anesthesia Care Unit) Standards of Patient Care Discharge Criteria and Scoring, revised 2/08 was reviewed. On Page 2, the policy indicated that "routine vital signs include temperature, blood pressure, pulse, respirations and oxygen saturation." The policy indicated that the vital signs were to be taken and documented as such:</p> <p>"8a). IV (intravenous) conscious sedation/local anesthesia cases</p> <p>1. Every five minutes times three at a minimum, (then) every fifteen minutes until discharge.</p> <p>8b). General anesthesia cases</p> <p>1. Every five minutes times three, (then) every fifteen minutes times two, (then) every thirty minutes until patient is ready for discharge.</p> <p>11. The Post Anesthesia Assessment Discharge Score will be recorded initially upon admit to PACU and every fifteen minutes and upon discharge."</p> <p>On Page 4, Section C. Discharge Criteria, the policy indicated that a post-anesthesia assessment/discharge score of 15 (out of a possible score of 20) was required for discharge.</p> <p>Patient #3: The patient was an 81 year old male admitted to the facility on 4/2/08, with a diagnosis</p>	Q 027			

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Q 027	<p>Continued From page 2</p> <p>of a bladder neck obstruction. He received general anesthesia for a cystoscopy and transurethral resection of the prostate. He was admitted to the PACU at 10:23 AM and discharged at 3:30 PM the same day. Review of his clinical record revealed that from 12:15 PM until 3:15 PM, his vital signs were checked hourly, not every thirty minutes as the policy indicated. The review of the clinical record failed to reveal evidence of PACU scoring assessments after 1:15 PM. The score at 1:15 PM was 14.</p> <p>Patient #4: The patient was a 49 year old woman admitted to the facility on 8/1/08, with a diagnosis of right shoulder impingement. She received general anesthesia for a right shoulder arthroscopy and repair. She was admitted to the PACU at 9:06 AM and discharged the same day at 11:05 AM. Review of her clinical record revealed that no further vital signs were documented after 10:30 AM. The review of the clinical record failed to reveal evidence of PACU scoring assessments after 9:45 AM. The score at 9:45 AM was 11.</p> <p>An interview with the Administrator and the PACU manager on 8/27/08 at 12:30 PM, confirmed that the policy did not specify individual parameters for Phase I, the acute phase of post surgical/anesthesia patients, and Phase II, the discharge phase of post surgical/anesthesia patients. The PACU manager stated that, in Phase II, patients may have their vital signs assessed less frequently, but agreed that there was no policy specifically for Phase II care. The PACU manager and the Administrator acknowledged that the documented vital signs and PACU scoring assessments for Patient #3 and Patient #4 were not performed according to</p>			Q 027			

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